Revision of Estimated Annual Cost Burden*

Form Number	Form Name	Total Estimated Burden (Hours)		Estimated Hourly Wage of Respondent		Total Estimated Annual Cost Burden		Change in Estimated
		07/2012	06/2013	07/2012	06/2013	07/2012	06/2013	Annual Cost Burden
57.100	NHSN Registration Form	167	167	\$38.65	\$37.84	\$6,442	\$6,307	(\$135)
57.101	Facility Contact Information	333	333	\$38.65	\$37.84	\$12,883	\$12,613	(\$270)
57.103	Patient Safety ComponentAnnual Hospital Survey	3,000	3,000	\$38.65	\$37.84	\$115,950	\$113,520	(\$2,430)
57.105	Group Contact Information	500	500	\$38.65	\$37.84	\$19,325	\$18,920	(\$405)
57.106	Patient Safety Monthly Reporting Plan	70,000	42,000	\$38.65	\$37.84	\$2,705,500	\$1,589,280	(\$1,116,220)
57.108	Primary Bloodstream Infection (BSI)	126,000	115,200	\$38.65	\$37.84	\$4,869,900	\$4,359,168	(\$510,732)
57.111	Pneumonia (PNEU)	230,400	208,800	\$38.65	\$37.84	\$8,904,960	\$7,900,992	(\$1,003,968)
57.112	Ventilator-Associated Event	360,000	316,800	\$38.65	\$37.84	\$13,914,000	\$11,987,712	(\$1,926,288)
57.114	Urinary Tract Infection (UTI)	86,400	78,300	\$38.65	\$37.84	\$3,339,360	\$2,962,872	(\$376,488)
57.116	Denominators for Neonatal Intensive Care Unit (NICU)	162,000	162,000	\$31.71	\$31.48	\$5,137,020	\$5,099,760	(\$37,260)
57.117	Denominators for Specialty Care Area (SCA)/Oncology (ONC)	270,000	270,000	\$31.71	\$31.48	\$8,561,700	\$8,499,600	(\$62,100)
57.118	Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)	540,000	1,620,000	\$31.71	\$31.48	\$17,123,400	\$50,997,600	\$33,874,200
57.120	Surgical Site Infection (SSI)	115,200	104,400	\$38.65	\$37.84	\$4,452,480	\$3,950,496	(\$501,984)
57.121	Denominator for Procedure	270,000	270,000	\$31.71	\$31.48	\$8,561,700	\$8,499,600	(\$62,100)
57.123	Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables	6,000	6,000	\$17.76	\$17.90	\$106,560	\$107,400	\$840
57.124	Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables	6,000	6,000	\$13.91	\$14.10	\$83,460	\$84,600	\$1,140
57.125	Central Line Insertion Practices Adherence Monitoring	8,333	8,333	\$38.65	\$37.84	\$322,083	\$315,333	(\$6,750)
57.126	MDRO or CDI Infection Form	230,400	208,800	\$38.65	\$37.84	\$8,904,960	\$7,900,992	(\$1,003,968)
57.127	MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring	24,000	28,800	\$38.65	\$37.84	\$927,600	\$1,089,792	\$162,192
57.128	Laboratory-identified MDRO or CDI Event	360,000	360,000	\$38.65	\$37.84	\$13,914,000	\$13,622,400	(\$291,600)
57.130	Vaccination Monthly Monitoring Form–Summary Method	420,000	7,000	\$38.65	\$37.84	\$16,233,000	\$264,880	(\$15,968,120)
57.131	Vaccination Monthly Monitoring Form–Patient-Level Method	20,000	1,000	\$38.65	\$37.84	\$773,000	\$37,840	(\$735,160)
57.133	Patient Vaccination	83,333	4,167	\$38.65	\$37.84	\$3,220,833	\$157,667	(\$3,063,167)
57.137	Long-Term Care Facility Component – Annual Facility Survey	188	188	\$38.65	\$37.84	\$7,247	\$7,095	(\$152)
57.138	Laboratory-identified MDRO or CDI Event for LTCF	500	500	\$38.65	\$37.84	\$19,325	\$18,920	(\$405)
57.139	MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF	250	250	\$38.65	\$37.84	\$9,663	\$9,460	(\$203)
57.140	Urinary Tract Infection (UTI) for LTCF	1,125	1,013	\$38.65	\$37.84	\$43,481	\$38,313	(\$5,168)

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		07/2012	06/2013	07/2012	06/2013	07/2012	06/2013	Annual Cost Burden
57.141	Monthly Reporting Plan for LTCF	250	250	\$38.65	\$37.84	\$9,663	\$9,460	(\$203)
57.142	Denominators for LTCF Locations	9,000	9,000	\$38.65	\$37.84	\$347,850	\$340,560	(\$7,290)
57.143	Prevention Process Measures Monthly Monitoring for LTCF	250	250	\$38.65	\$37.84	\$9,663	\$9,460	(\$203)
57.150	LTAC Annual Survey	200	200	\$38.65	\$37.84	\$7,730	\$7,568	(\$162)
57.151	Rehab Annual Survey	417	417	\$38.65	\$37.84	\$16,104	\$15,767	(\$337)
57.200	Healthcare Personnel Safety Component Annual Facility Survey	800	400	\$39.69	\$39.85	\$31,752	\$15,940	(\$15,812)
57.203	Healthcare Personnel Safety Monthly Reporting Plan	150	75	\$39.69	\$39.85	\$5,954	\$2,989	(\$2,965)
57.204	Healthcare Worker Demographic Data	6,667	3,333	\$39.69	\$39.85	\$264,600	\$132,833	(\$131,767)
57.205	Exposure to Blood/Body Fluids	5,000	2,500	\$39.69	\$39.85	\$198,450	\$99,625	(\$98,825)
57.206	Healthcare Worker Prophylaxis/Treatment	750	375	\$39.69	\$39.85	\$29,768	\$14,944	(\$14,824)
57.207	Follow-Up Laboratory Testing	1,250	625	\$17.76	\$17.90	\$22,200	\$11,188	(\$11,013)
57.210	Healthcare Worker Prophylaxis/Treatment-Influenza	5,000	417	\$39.69	\$39.85	\$198,450	\$16,604	(\$181,846)
57.300	Hemovigilance Module Annual Survey	1,000	1,000	\$32.84	\$33.14	\$32,840	\$33,140	\$300
57.301	Hemovigilance Module Monthly Reporting Plan	200	100	\$32.84	\$33.14	\$6,568	\$3,314	(\$3,254)
57.303	Hemovigilance Module Monthly Reporting Denominators	3,000	6,000	\$32.84	\$33.14	\$98,520	\$198,840	\$100,320
57.304	Hemovigilance Adverse Reaction	10,000	6,000	\$32.84	\$33.14	\$328,400	\$198,840	(\$129,560)
57.305	Hemovigilance Incident	\$5,580	1,000	\$32.84	\$33.14	\$5,580	\$33,140	(\$163,900)
57.400	Outpatient Procedure Component—Annual Facility Survey	-	417	-	\$31.48	-	\$13,117	\$13,117
57.401	Outpatient Procedure Component - Monthly Reporting Plan		15,000	_	\$31.48	-	\$472,200	\$472,200
57.402	Outpatient Procedure Component Event Outpatient Procedure Component - Monthly Denominators and	-	83,333		\$31.48	-	\$2,623,333	\$2,623,333
57.403	Summary	-	40,000	-	\$31.48	-	\$1,259,200	\$1,259,200
57.500	Outpatient Dialysis Center Practices Survey	8,550	10,500	\$38.65	\$37.84	\$330,458	\$397,320	\$66,863
57.501	Dialysis Monthly Reporting Plan		6,000		\$31.48		\$188,880	\$188,880
57.502	Dialysis Event	91,200	78,000	\$31.71	\$31.48	\$2,891,952	\$2,455,440	(\$436,512)
57.503	Denominator for Outpatient Dialysis	6,840	7,200	\$31.71	\$31.48	\$216,896	\$226,656	\$9,760
57.504	Prevention Process Measures Monthly Monitoring for Dialysis		3,600		\$31.48		\$113,328	\$113,328
57.505	Dialysis Patient Influenza Vaccination		3,125		\$31.48		\$98,375	\$98,375
57.506	Dialysis Patient Influenza Vaccination Denominator		208		\$31.48		\$6,558	\$6,558
57.600	State Health Department Validation Record	-	1,900	-	\$31.38	-	\$59,622	\$59,622
Total Estimated Annual Cost Burden							\$138,711,373	\$10,782,604

*Despite no change in the estimated burden hours, cost increased or decreased due to increase or decrease in annual wages.

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